

Speech-Language Pathology and Audiology Board

1422 Howe Avenue, Suite 3, Sacramento, CA 95825 Telephone: (916) 263-2666 / Fax: (916) 263-2668 www.slpab.ca.gov



APPLICATION FOR TEMPORARY REQUIRED PROFESSIONAL EXPERIENCE LICENSE

IMPORTANT: EFFECTIVE JULY 1, 2003, ANY PERSON OBTAINING THEIR REQUIRED PROFESSIONAL EXPERIENCE FOR LICENSURE IN CALIFORNIA MUST HOLD THE RPE TEMPORARY LICENSE REGARDLESS OF THE WORK SETTING. (I.E. EMPLOYMENT IN THE PUBLIC SCHOOL OR A FEDERAL AGENCY IS NO LONGER EXEMPT FOR THE PURPOSES OF COMPLETING THE RPE.)

INSTRUCTIONS: MAIL COMPLETED APPLICATION AND \$35 FEE TO THE SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY BOARD. YOU CAN NOT PROVIDE PROFESSIONAL SERVICES UNTIL YOU

HAVE RECEIVED WRITTEN APPROVAL FROM THIS OFFICE.

_			NI. (PLEASE PRINT IN B	LOL INK)	MIDDLE	
1.	FULL NAME: LAST		FIRST		MIDDLE	
2.	OTHER NAMES YOU HAVE	USED (INCLUDING MAI	DEN):			
		•	,			
3.	*ADDRESS OF RECORD:	STREET				
	CITY, STATE, ZIP CODE					
	,					
L .						
4.	RESIDENCE TELEPHONE:		В	USINESS TELEPHONE:		
	()		()		
5.	SOCIAL SECURITY NUMBI	ER:		ATE OF BIRTH: (MM/DD/)	(Y)	
				, ,	,	
				//		
6.	LICENSE CATEGORY IN W	HICH RPE IS REQUEST	ED:			
	SPEECH-LANGUAG	E DATHOLOGY	AUDIOLOGY			
7	EDUCATION:	JETATIOLOGI	A0010E001			
١.	EDUCATION.					
	MASTER'S DEGRE	E MASTER'S	DEGREE EQUIVALENCY	_		
8.	NUMBER OF RPE EMPLO					
	ADE VOLLEMBLOVED AG		OF A BUBLIC COLLOCI IN THE	05771110(0) 1 10750 1110	LIFOTION WAS	
9.	ARE YOU EMPLOYED AS A	A SALARIED EMPLOYEE	OF A PUBLIC SCHOOL IN THE	SETTING(S) LISTED IN Q	UESTION #13?	
					YES NO	
<u> </u>						
_		DI ETED DV THE				
PART B - TO BE COMPLETED BY THE RPE SUPERVISOR. REFER TO TITLE 16, CALIFORNIA CODE						
			FOR SUPERVISOR'S			
10.	NAME OF SUPERVISOR:	LAST	FIRST	N	IIDDLE	
11.	MAILING ADDRESS:	STREET				
		• · · · · · · · · · · · · · · · · · · ·				
	CITY, STATE, ZIP CODE					
12.	BUSINESS TELEPHONE:			LICENSE NUMBER:		
	,					
	()					

*YOUR ADDRESS OF RECORD IS PUBLIC INFORMATION AND WILL BE RELEASED UPON REQUEST AND MAY BE PLACED ON THE INTERNET.

13. LIST OF PLACE(S) WHERE FUNCTIONS WILL BE PERFORMED:						
NAME:	COMPLETE ADDRESS:					
14. SUPERVISION:						
THE RPE WILL BE WORKING FULL TIME (30-40 HOUR DIRECT SUPERVISION. FOUR (4) OF THE EIGHT HOL	S PER WEEK) AND I AGREE TO PROVIDE EIGHT (8) HOURS A MONTH JRS (8) WILL BE IN SCREENING, THERAPY AND EVALUATION.					
	RS PER WEEK) AND I AGREE TO PROVIDE FOUR (4) HOURS A MONTH DURS WILL BE IN SCREENING, THERAPY AND EVALUATION.					
15. THE FOLLOWING SPEECH-LANGUAGE PATHOLOGY/AUDIOLO BOARD, ARE OBTAINING THEIR RPE WORKING UNDER MY SU	OGY APPLICANTS, CURRENTLY HOLDING A TEMPORARY LICENSE WITH THE JPERVISION:					
RPE EMPLOYEE	_ AUDIOLOGY SPEECH-LANGUAGE PATHOLOGY					
RPE EMPLOYEE	_ AUDIOLOGY SPEECH-LANGUAGE PATHOLOGY					
I, THE RPE APPLICANT, HAVE DISCUSSED THE PLAN FOR SUPERVISION WITH THIS SUPERVISOR (NAMED ON REVERSE SIDE AND AGREE TO ITS IMPLEMENTATION. I FURTHER CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS MADE IN PART A ARE TRUE. ANY MISREPRESENTATION MAY BE CAUSE FOR DENIAL OF MY TEMPORARY LICENSE.						
APPLICANT'S SIGNATURE(SIGNATURE MUST BE IN E	DATE SIGNED					
WITH THE RPE APPLICANT AND HEREBY ACCEPT PF PERFORMANCE. I FURTHER CERTIFY UNDER PENALTY O	FOR SUPERVISION (AS DESCRIBED IN PART B ON REVERSE SIDE) ROFESSIONAL AND ETHICAL RESPONSIBILITY FOR HIS OR HER OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT EPRESENTATION MAY BE CAUSE FOR DENIAL OF MY LICENSE.					
SUPERVISOR'S SIGNATURE(SIGNATURE MUST BE IN E	DATE SIGNEDBLUE INK)					

NOTE: Business and Professions Code Section 2532.2(d) <u>requires</u> that the RPE plan must be approved by the Board <u>before</u> employment may begin.